

540A C1 Side 1

3121063

Your name: _____ Your SSN or ITIN: _____

24 Enter the amount from Side 1, line 23 24 _____
25 California income tax withheld. (see page 10) 25 _____
26 2006 California estimated tax and payment with
form FTB 3519 and amount applied from 2005 return. 26 _____
27 Excess SDI. To see if you qualify, see page 10. 27 _____

Child and Dependent Care Expenses Credit. (see page 10.)
Attach form FTB 3506.

28 _____
29 _____
30 _____ 31 _____
32 Total payments and credits. Add line 25, line 26, line 27, and line 31 32 _____
33 Overpaid tax. If line 32 is more than line 24, subtract line 24 from line 32 33 _____
34 Enter the amount of line 33 you want applied to your **2007** estimated tax. 34 _____
35 Overpaid tax available this year. Subtract line 34 from line 33 35 _____
36 Tax due. If line 32 is less than line 24, subtract line 32 from line 24. (see page 11). 36 _____

Use Tax 37 Use Tax. **This is not a total line.** (see page 11) 37 _____ 0 0

Contributions

CA Seniors Special Fund. (see page 59) 50	00	Emergency Food Assistance Program Fund ... 57	00
Alzheimer's Disease/Related Disorders Fund 51	00	CA Peace Officer Memorial Foundation Fund .. 58	00
CA Fund for Senior Citizens 52	00	CA Military Family Relief Fund 59	00
Rare and Endangered Species Preservation Program.. 53	00	Veterans' Quality of Life Fund 60	00
State Children's Trust Fund for the Prevention of Child Abuse. 54	00	CA Sexual Violence Victim Services Fund 61	00
CA Breast Cancer Research Fund 55	00	CA Colorectal Cancer Prevention Fund 62	00
CA Firefighters' Memorial Fund. 56	00	CA Sea Otter Fund. 63	00

38 Add line 50 through line 63. These are your total contributions. 38 _____ 00

Amount You Owe

39 **AMOUNT YOU OWE.** (see page 11) **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** 39 _____
Pay Online – Go to our Website at www.ftb.ca.gov
40 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle. 40 _____

Refund and Direct Deposit

41 **REFUND or NO AMOUNT DUE.** (see page 12)
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** 41 _____

Fill in the information to have your refund directly deposited to one or two separate accounts. Do not attach a voided check or a deposit slip. (see page 12)

All or portion of total refund (line 41) you want to direct deposit:

☐ Checking ☐ Savings
• Routing number • Type • Account number

42 Amount you want to direct deposit

Remaining portion of total refund (line 41) you want to direct deposit:

☐ Checking ☐ Savings
• Routing number • Type • Account number

43 Amount you want to direct deposit

Sign Here

It is unlawful to
forge a spouse's
signature.

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Spouse's signature (if filing jointly, both must sign)

Daytime phone number (optional)

() _____

Joint return?
(see page 12).

X

X

Date

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Paid preparer's SSN/PTIN

Firm's name (or yours if self-employed)

Firm's address

FEIN